

Organization Information

PHILANTHROPY COLORADO 2024 Membership Application: Associate

Thank you for your interest in joining Philanthropy Colorado. Please complete all sections of the membership application and attach the requested supporting documents.

Organization Name: Click here to enter text.			
Year Established: Click here to enter text.			
Address: Click here to enter text.			
City: Click here to enter text. State: Click he	re to enter text. Zip Code: Click here to enter text.		
Employer Identification No.: Click here to ente	er text.		
Phone: Click here to enter text.	Website: Click here to enter text.		
General email (if applicable): Click here to ent	er text.		
Applying as:			
□ Sole Practitioner	☐ Attorney		
□ Firm, 2 - 5 staff	□ CPA		
□ Firm, 6+ staff	☐ Other (describe): Click here to enter		
□ Philanthropic Consultant	text.		
□ Philanthropic Advisor			
Staff Information			
Primary Contact Name: Click here to enter tex	t. Title: Click here to enter text.		
Primary Contact Email: Click here to enter text	t.		
No. of full-time staff: #			
No. of part-time staff: #			

Please provide the email addresses for all staff members to receive Philanthropy Colorado eNewsletters, invitations and resources. Please list: Click here to enter text.

About Your Membership Interests

Why do you want to become a member of Philanthropy Colorado? Which membership benefits are of greatest interest to you? Click here to enter text.



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How did you learn about Philanthropy Colorado? Click here to enter text.

Reference/Referrals

Please provide a reference from a current Philanthropy Colorado member (see <u>Member Directory</u>) or three referrals from active non-member Colorado grantmaking organizations (ie: organizations that have made Colorado grants within the last two years).

Referral from a Philanthropy Colorado Member:

Name: Click here to enter text. Title: Click here to enter text.

Organization: Click here to enter text. Direct Phone: Click here to enter text. Email Address: Click here to enter text.

or References from three active Colorado non-member grantmaking organizations

Reference #1

Name: Click here to enter text. Title: Click here to enter text.

Organization: Click here to enter text. Direct Phone: Click here to enter text. Email Address: Click here to enter text.

Type of consultation/support provided: Click here to enter text. Dates of consultation/support provided: Click here to enter text.

Reference #2

Name: Click here to enter text. Title: Click here to enter text.

Organization: Click here to enter text. Direct Phone: Click here to enter text. Email Address: Click here to enter text.

Type of consultation/support provided: Click here to enter text. Dates of consultation/support provided: Click here to enter text.

Reference #3

Name: Click here to enter text. Title: Click here to enter text.

Organization: Click here to enter text. Direct Phone: Click here to enter text. Email Address: Click here to enter text.

Type of consultation/support provided: Click here to enter text. Dates of consultation/support provided: Click here to enter text.



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Membership Dues

Membership in Philanthropy Colorado is on a calendar year basis. Dues of new members are prorated based on the date of membership.

2024 Associate Membership Du	ies
Sole Practitioner	\$ 715
Firm with up to 5 local FTEs	\$1,115
Firms with more than 5 local FTEs	\$1,670

Submit Membership Application

Please return a completed application to:

Philanthropy Colorado info@philanthropycolorado.org

Philanthropy Colorado 5855 Wadsworth Bypass, Unit A Arvada, CO 80003

By submitting this application,	I certify our organization	meets the membership	criteria for	Philanthropy	Colorado.
I acknowledge that solicitation	is strictly prohibited at Ph	hilanthropy Colorado ev	ents.		

Signature Date